

Name  
in  
Full

Grace E. Galloway

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cathel* Town *Wicomico* County *MARYLAND*

Date of death 1907 Month 10 Day 14 Age 85 Years Months Days

Sex *Female* Color or Race *white* Birth-place *Ind*

Occupation *Lady* Where Residing if not at place of death *"*

Married, Single or Widowed *widowed* Name of Wife or Husband *Claron H. Galloway*

Father's Name *Stephen, Waller* Father's Birthplace *Ind*

Mother's Maiden Name *Waller* Mother's Birthplace *"*

Name of person giving information How related to deceased

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

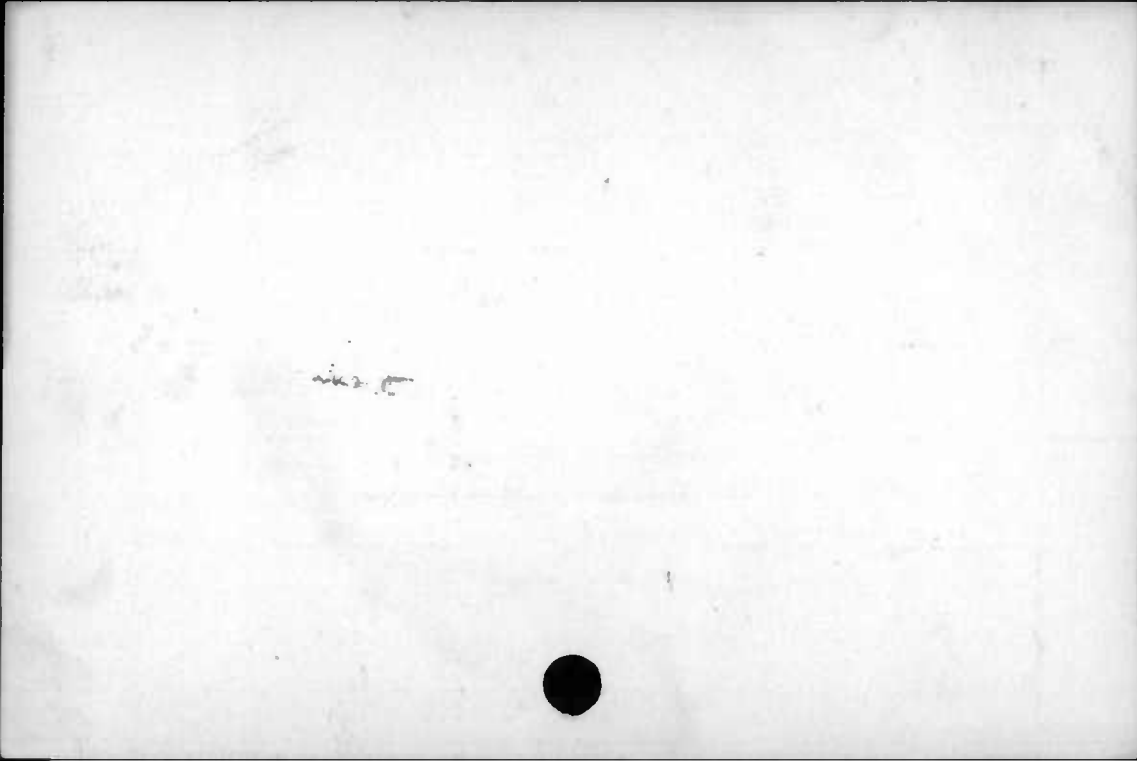
Primary *Renal Debility* How long *2 years*

Immediate *Endocarditis* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. M. Alderdice*

Address *Harnden Springs*

Accident or Suicide?



Name  
in  
Full

*Annie L. Campbell*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

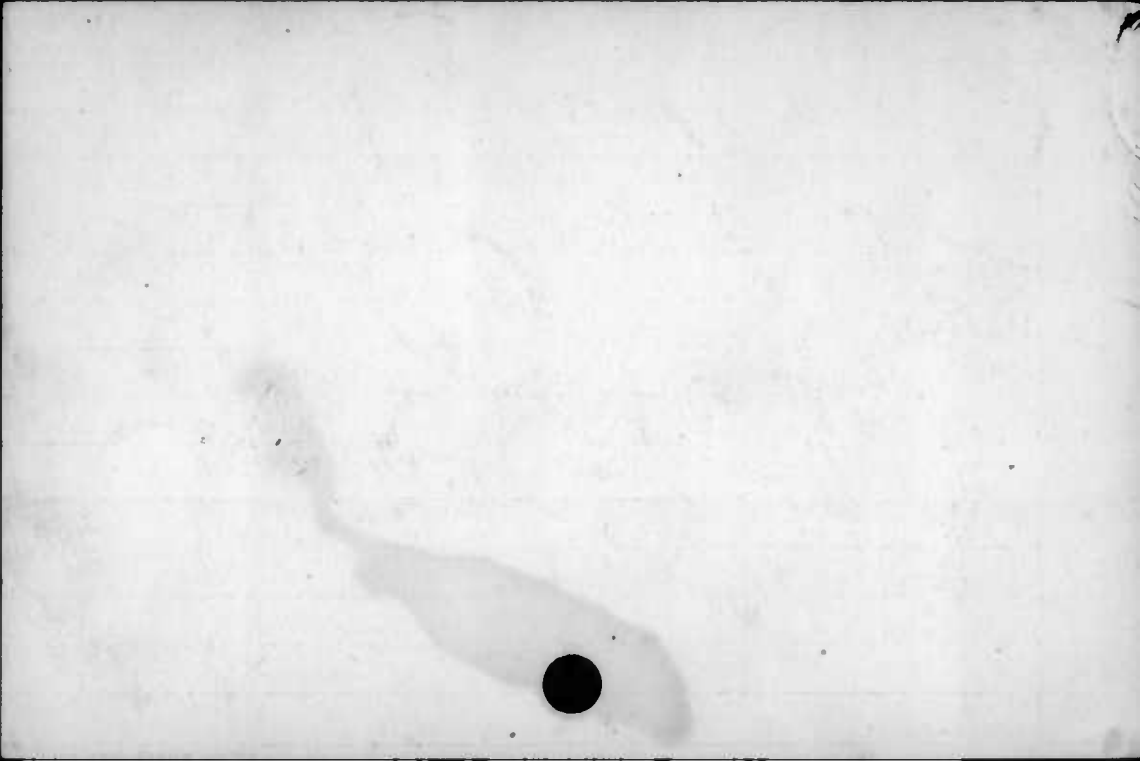
Died at <i>Salem</i>		Town <i>Salem</i>		County <i>Mecklenburg</i>	
Date of death 1907	Month <i>10</i>	Day <i>3</i>	Age <i>22</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Whitmanville 200</i>		Days
Married, Single, or Widowed			Occupation <i>Housekeeper</i>		
Name of Wife or Husband <i>Rollie Campbell</i>					
Father's Name <i>Union H. Brattleman</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Loney H. Brattleman</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Husband</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

*(11)*

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>7 weeks</i>
Immediate <i>General Depression</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>Robert C. DeGood M.D.</i>
	Address <i>Delmar Del</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

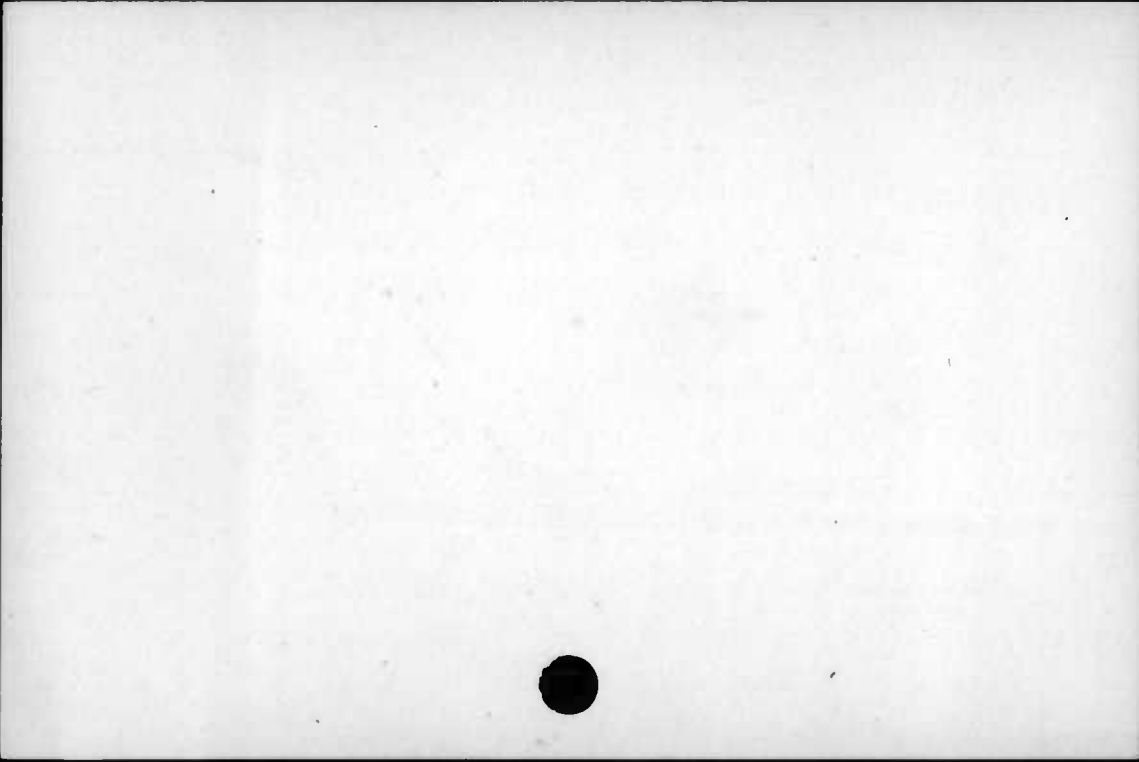
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Oct.</i> <small>Month</small>	<i>28th</i> <small>Day</small>	Age <i>40</i> <small>Years</small>	<small>Months</small>	<small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William E. Cannon</i>				
Father's Name <i>Noah Lankford</i>	Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Julia Houston</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>William E. Cannon</i>	How related to deceased <i>Husband</i>				

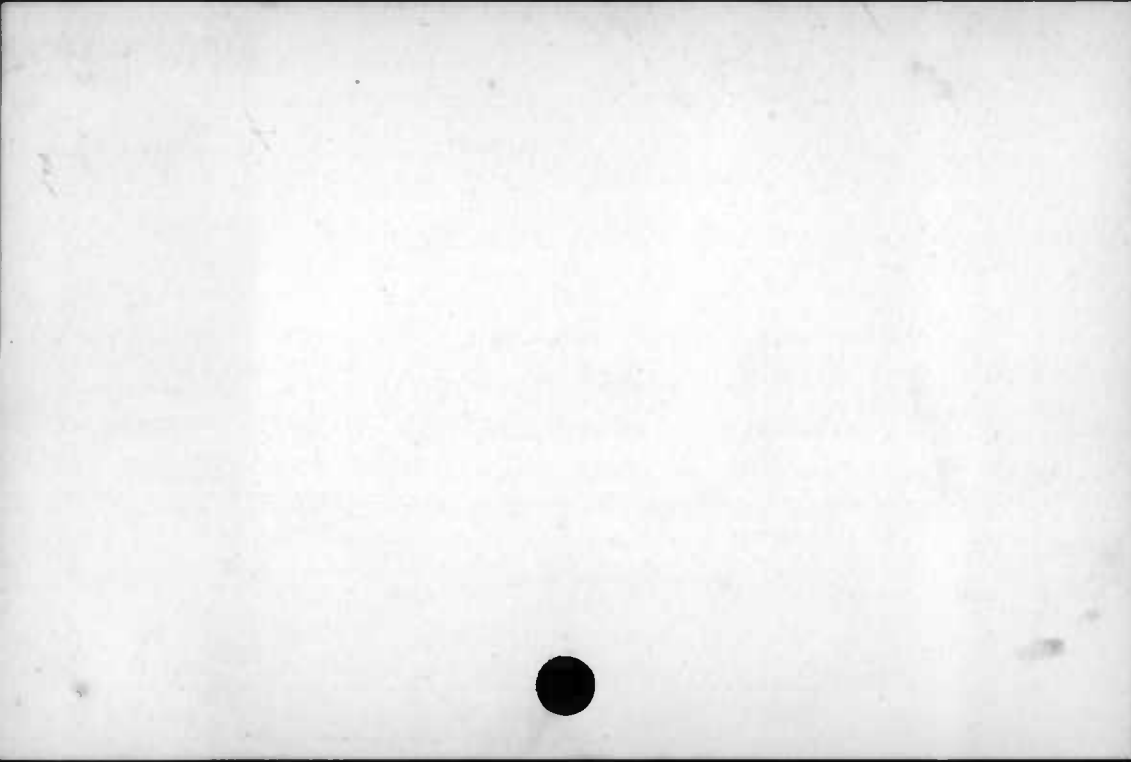
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>Uræmia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Smith</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>No</i>	



Name in Full <b>Ebenzer Carey</b>		CERTIFICATE OF DEATH	
Died at <b>Salisbury</b> Town		<b>Wicomico</b> County	
Date of death <b>1907</b>		Month <b>Oct</b> Day <b>21</b> Age <b>62</b> Years Months <b>4</b> Days <b>26</b>	
Sex <b>Male</b>		Color or Race <b>White</b>	
Occupation <b>Harbour</b>		Birth-place <b>Ind</b>	
Where Residing if not at place of death			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Mary R. Carey</b>	
Father's Name <b>Ebenzer Carey</b>		Father's Birthplace <b>Ind</b>	
Mother's Maiden Name <b>Riddie Davis</b>		Mother's Birthplace <b>Ind</b>	
Name of person giving information <b>Mary R. Carey</b>		How related to deceased <b>Wife</b>	
<div style="text-align: center;"> <b>CAUSES OF DEATH</b> <div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">27</div> </div>			
Primary <b>Tuberculosis</b>		How long <b>about 10</b>	
Immediate <b>Pleurso-Pneumonia</b>		How long <b>10 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Dr. W. L. Ladd</b>	
		Address <b>Salisbury Md.</b>	
Accident or Suicide?			





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

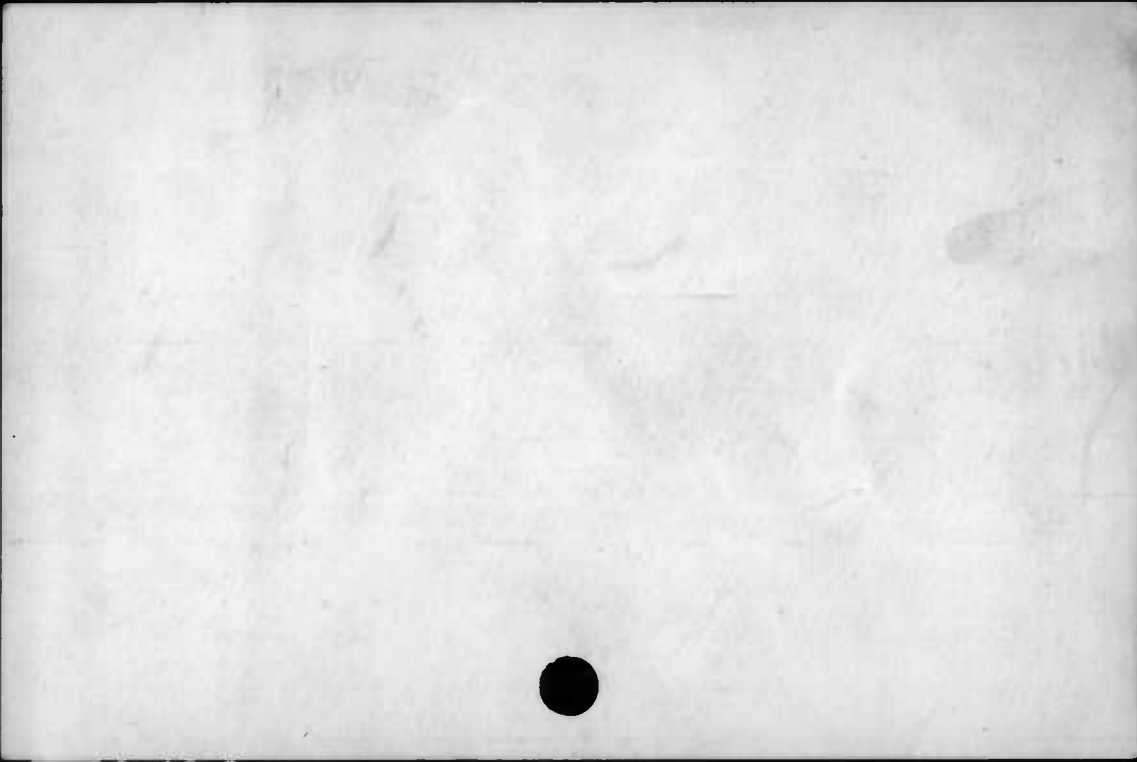
Died at		Town <i>Quantico</i>		County <i>Wicomico</i>		MARYLAND	
Date of death		Month <i>Oct</i>	Day <i>22</i>	Years <i>67</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>near Quantico</i>			
Occupation <i>Physician</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Garbuhl</i>					
Father's Name <i>Edwin Garbuhl</i>				Father's Birthplace <i>near Quantico</i>			
Mother's Maiden Name <i>Harriet Garbuhl</i>				Mother's Birthplace			
Name of person giving information <i>Mary Garbuhl</i>				How related to deceased <i>wife</i>			

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Influenza</i>	How long <i>9 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. M. F. Dick</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide?	<i>S. F. Lynd, Quantico, Md.</i>



Name  
in  
Full

Mathias Drumm

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Bivalve* <sup>Town</sup> *Memmon* <sup>County</sup> **MARYLAND**

Date of death **1907** <sup>Month</sup> *Oct* <sup>Day</sup> *23* <sup>Years</sup> *63* <sup>Months</sup> *0* <sup>Days</sup> *0*

Sex *Male* Color or Race *White* Birth-place *Wigglan*

Occupation *Mariner* Where Residing if not at place of death *Wigglan*

Married, Single or Widowed *Married* Name of Wife or Husband *Thomas Drumm*

Father's Name *Thomas Drumm* Father's Birthplace *"*

Mother's Maiden Name *Mary Larimore* Mother's Birthplace *"*

Name of person giving information *Susan Morgan* How related to deceased *Son*

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary *Indigestion* How long *about 1 hour*

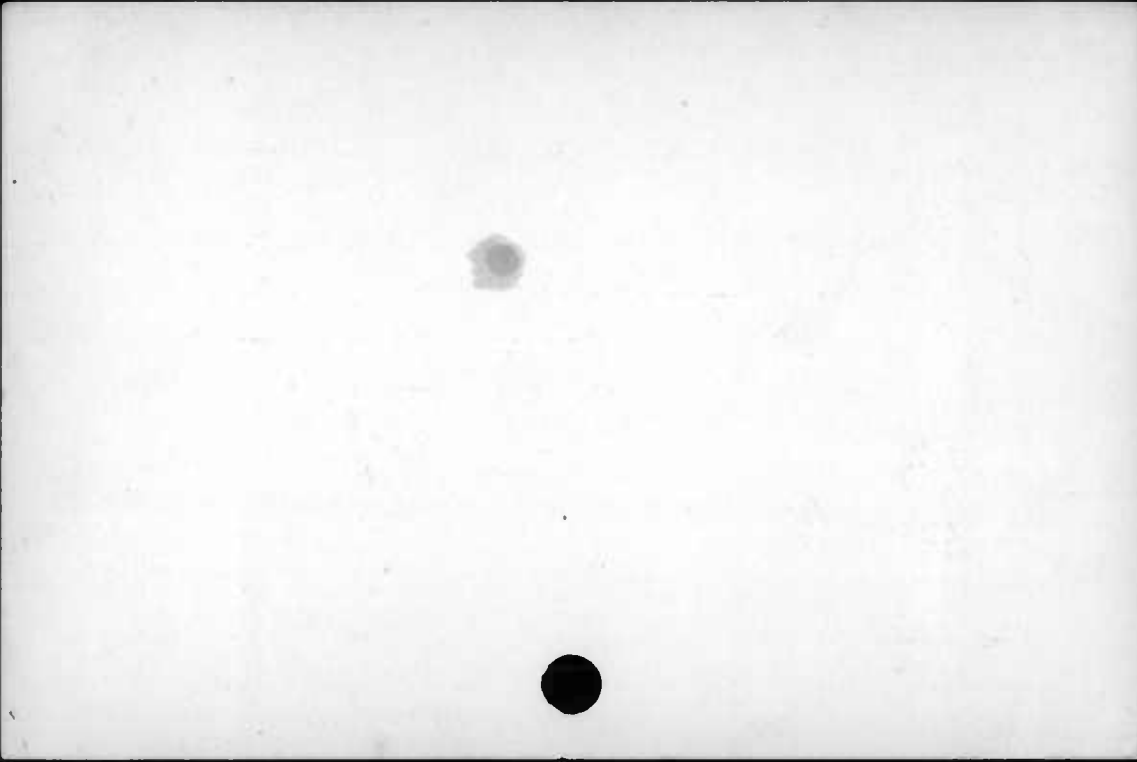
Immediate *Dropay* How long *about 1 hour*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. H. Lankford*

Address *White Haven, Md*

Accident or Suicide? *No*



Name  
in  
Full

Glyde M. Gadden Dykes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Oct</u> <small>Month</small>	<u>31st</u> <small>Day</small>	Age <u>Two</u> <small>Years</small>	<u>Three</u> <small>Months</small>	<u>Twenty</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ston Proctor Co. Md.</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>St. John</u> " " "				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Clayton E. Dykes</u>	Father's Birthplace " " "				
Mother's Maiden Name <u>Martha E. Coulbourn</u>	Mother's Birthplace <u>Wicomico Co. Md.</u>				
Name of person giving information <u>Mrs. Lallie M. Guthrie</u>	How related to deceased <u>Aunt</u>				

## CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>1 week</u>
Immediate <u>Sepsis</u>	How long <u>1 day</u>

Are the name, age, sex, color, date and place correctly given above?

Yes

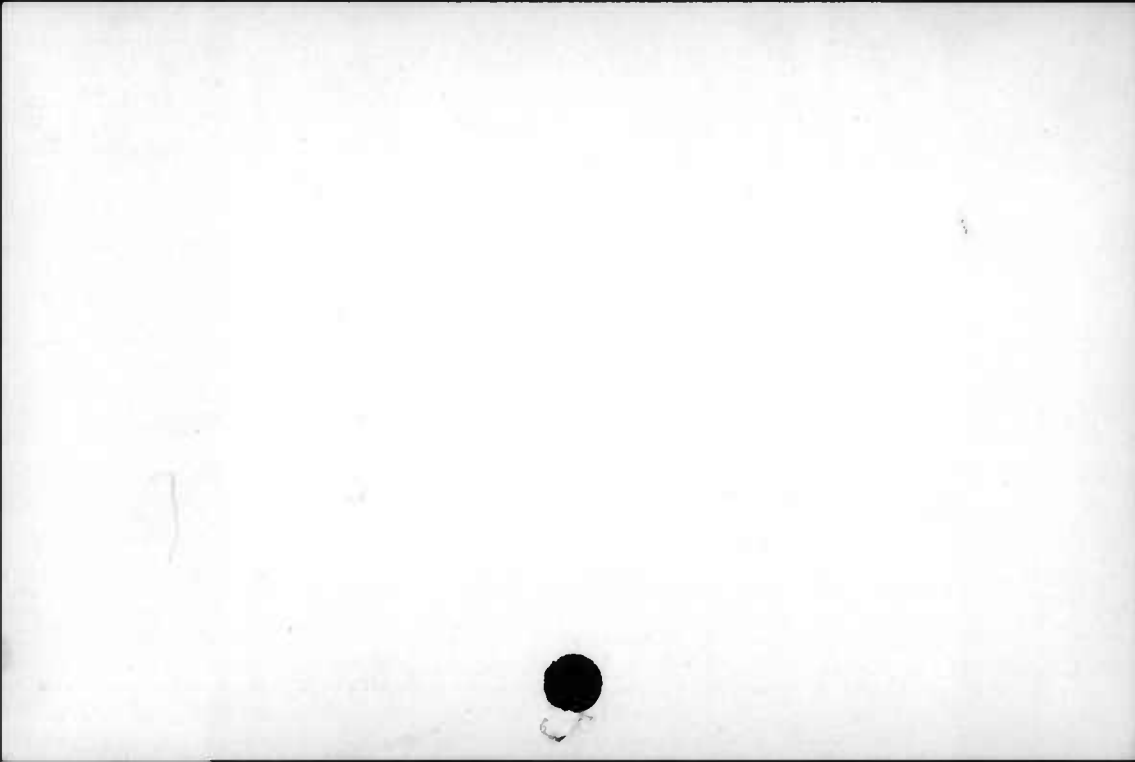
Signature of Physician

Address

Dr. J. W. Smith  
Salisbury Md

Accident or Suicide?

No



Name  
in  
Full

## CERTIFICATE OF DEATH

Victor Elzey

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date

of death

1907

Month

Oct

Day

4<sup>th</sup>

Age

Years

0

Months

3

Days

11

Sex

Male

Color or  
Race

White

Birth-  
place

Salisbury Md.

Occupation

None

Where Residing if not  
at place of death

None

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Harvey P. Elzey

Father's  
Birthplace

Delaware

Mother's  
Maiden Name

Mary E. Tubbs

Mother's  
Birthplace

"

Name of person giving  
In formation

Harvey P. Elzey

How related  
to deceased

Father

## CAUSES OF DEATH

V79

Primary

Heart Disease

How long

2 months

Immediate

General Emaciation &amp; Heart Failure

How long

2 months

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Louis C. Eason, M.D.

Address

Salisbury Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
FullCaudie's Harrington  
Town  
Bristol  
County  
Wicomico

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

1907 Oct

Month

Day

25

Age

Years

11

Months

2

Days

10

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Schol. boy

Where Residing if not  
at place of death

Home

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Julius Harrington

Father's  
Birthplace

"

Mother's  
Maiden Name

Daisy Bedsworth

Mother's  
Birthplace

"

Name of person giving  
In formation

Addie Mersyke

How related  
to deceased

none

## CAUSES OF DEATH

88

Primary

Acute Glottis

How long

4 da

Immediate

Asphyxiation

How long

4 hr

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

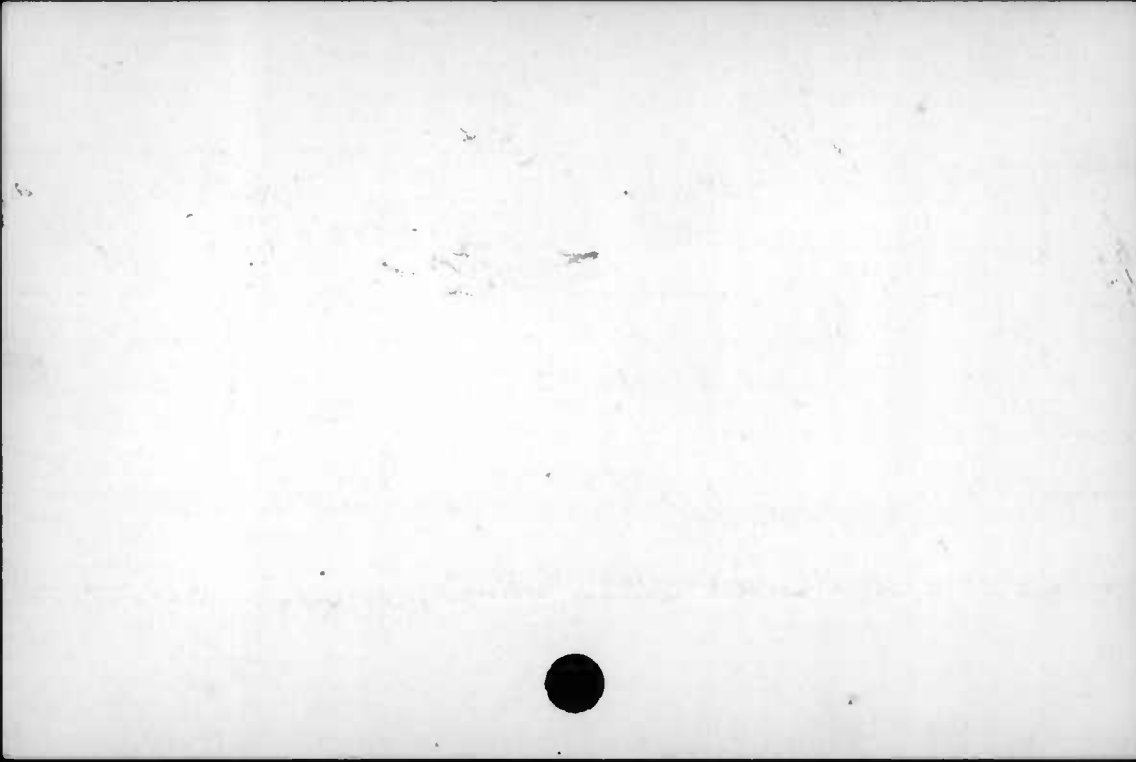
Address

J. B. Mersyke  
Harrington  
Md

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

William Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

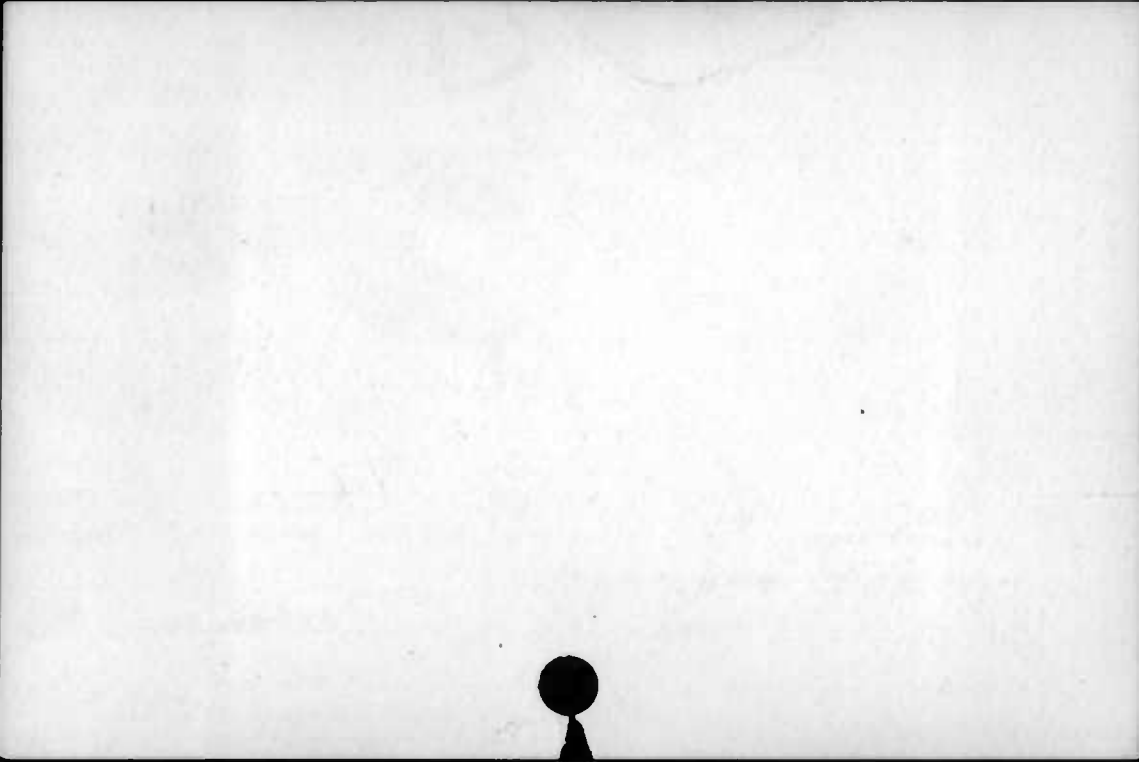
Died at		Town		County		MARYLAND	
Salisbury				Wicomico			
Date of death	1907	Month	Oct.	Day	11	Age	86
Sex	Male	Color or Race	White	Birthplace	Queen Anne's Co., Md.		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband		Catherine Harvey			
Father's Name	James Harvey			Father's Birthplace Md.			
Mother's Maiden Name	Ann Johnson			Mother's Birthplace "			
Name of person giving information	Catherine Harvey			How related to deceased Wife			

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Infantile of Age		How long	Some years
Immediate	Heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		F. M. Stearns, M.D.		
Address		Salisbury, Md.		
Accident or Suicide?				



Name  
in  
Full

William E. Hitch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at near Salisbury <sup>Town</sup> Wicomico <sup>County</sup>

Date of death 1907 <sup>Month</sup> Oct <sup>Day</sup> 15 Age 69 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup>

Sex Male Color or Race White Birth-place Ind  
Occupation Farmer Where Residing if not at place of death at home of niece

Married, Widowed <sup>State</sup> Widowed Name of Wife or Elizabeth Pollitt <sup>Husband</sup>

Father's Name Thomas A. Hitch Father's Birthplace Ind

Mother's Maiden Name Don't know Mother's Birthplace Don't know

Name of person giving information Dennis Gader How related to deceased No relation

CAUSES OF DEATH

114

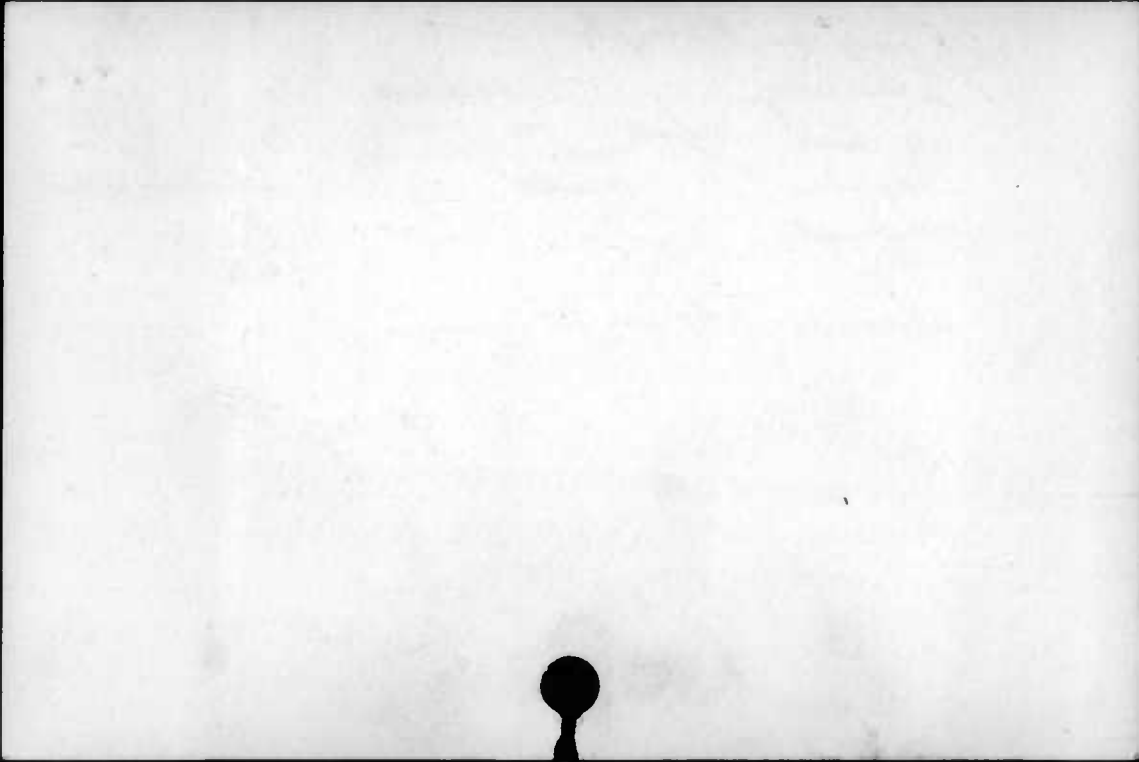
Primary Chronic first disease of the liver How long several months

Immediate Did suddenly How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Louis W. Harris

Address Patients St. J.

Accident or Suicide? No



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Oct</i>	Day	<i>27th</i>
Age		Years	<i>10</i>	Months	<i>12</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Salisbury, Md</i>
Occupation	<i>in fant</i>		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Marion S Humphreys</i>			Father's Birthplace	<i>Salisbury</i>
Mother's Maiden Name	<i>Julia Blackmon Elledge</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Father of child Met Humphreys</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

**105**PHYSICIAN  
OR CORONER

Primary	<i>Enteric - colitis</i>	How long	<i>6 days</i>
Immediate	<i>Toxaemia</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>M. L. Edlich</i>	
		Address	
		<i>Salisbury, Md</i>	
Accident or Suicide?			
<i>no</i>			





Name  
in  
Full

CERTIFICATE OF DEATH

Leonora Humphreys

TO BE ANSWERED BY  
NEAREST FRIEND

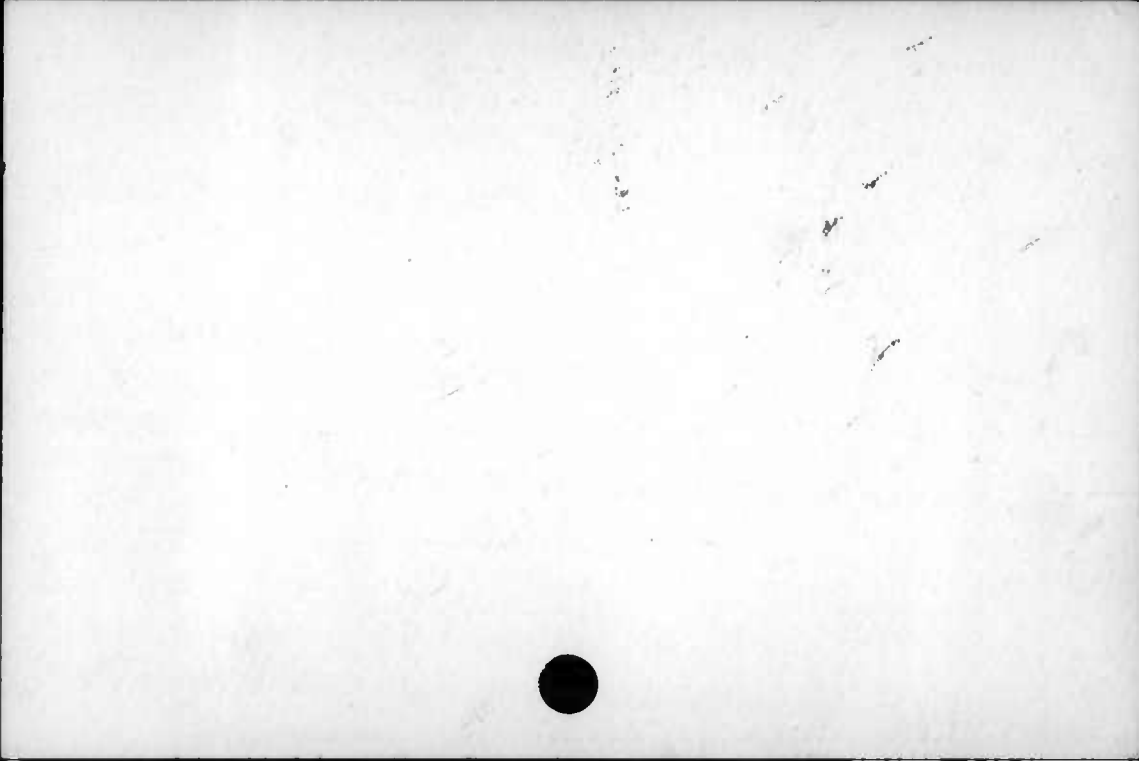
Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death	1907	Month Oct.	Day 4th	Age	Years 75	Months	Days
Sex	Female		Color or Race	White		Birth-place	Salisbury Md.
Occupation	Lady of Leisure			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Dr. Cathell Humphreys					Father's Birthplace	Maryland
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Walter C. Humphreys					How related to deceased	Stepson

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Acute indigestion		How long	1 week
Immediate	Exhaustion - Aschemia		How long	7 or 8 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	[Signature]
			Address	Salisbury, Md.
Accident or Suicide?		no		



Name  
in  
Full

Mary Francis Humphreys

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Salisbury		Wicomico		MARYLAND								
Date of death		190	Y	Month	Oct.	Day	12 <sup>th</sup>	Age	82	Years	6	Months	6	Days
Sex		Female		Color or Race		White		Birth place		Salisbury Md.				
Occupation		Lady of Leisure				Where Residing if not at place of death								
Married, Single or Widowed		Single		Name of Wife or Husband		None								
Father's Name		Dr. Cathell Humphreys				Father's Birthplace		Wicomico Co. Md.						
Mother's Maiden Name		Leah D. Walker				Mother's Birthplace		"						
Name of person giving information		Walter C. Humphreys				How related to deceased		Aephew						

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

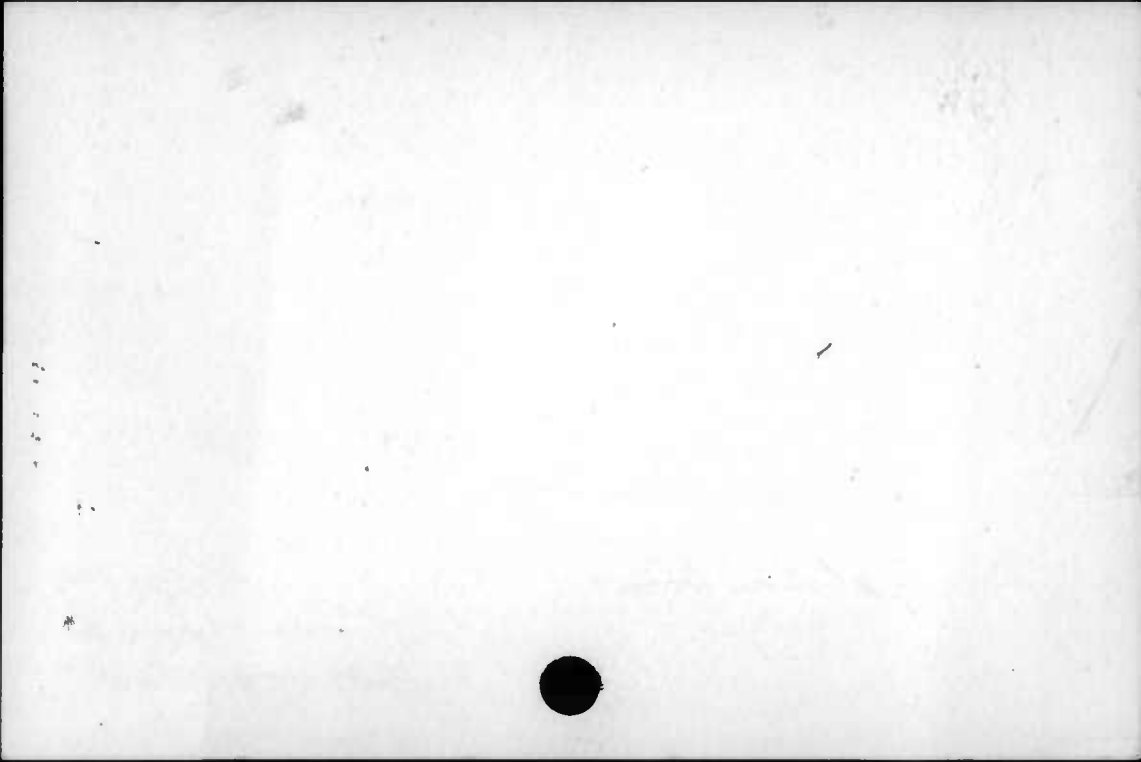
Primary	Intense regurgitation
Immediate	Pulmonary edema
Are the name, age, sex, color, date and place correctly given above?	yes
Accident or Suicide?	No

Signature of  
Physician

Address

How long  
6 years !?/  
How long  
6 hours

Edwin  
Salisbury, Md



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Simon Sherwood Insley*

Town *Tyackon* County *Holmes* MARYLAND

Died at

Date of death *1907 Oct 14* Age *37* Months *16* Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Miner* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Simon's Sherwood Insley*

Father's Name *Julius S. Insley* Father's Birthplace *Maryland*

Mother's Maiden Name *Laura S. Missick* Mother's Birthplace *Maryland*

Name of person giving information *Jennie Insley* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

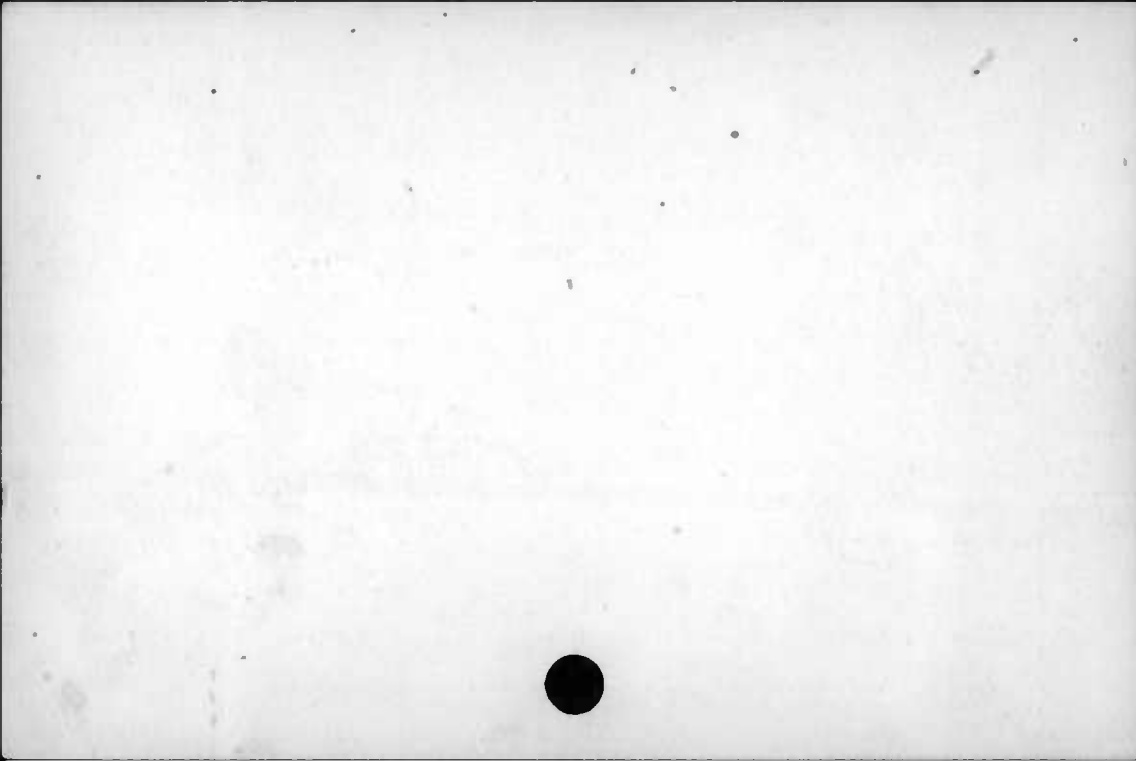
Immediate *Typhoid fever* How long *4 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. H. Lankford*

Address *White House Md*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Helen G. Jones* Town *Tyaskin* County *McComick* MARYLAND

Died at *Tyaskin*

Date of death *1907* Month *Oct* Day *31* Age *68* Months \_\_\_\_\_ Days \_\_\_\_\_

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housekeeper* Where Residing if not at place of death *Home*

Married, Single or Widowed *Widowed* Name of Wife or Husband \_\_\_\_\_

Father's Name *Theodore Porter* Father's Birthplace \_\_\_\_\_

Mother's Maiden Name *Eliza M. Messick* Mother's Birthplace \_\_\_\_\_

Name of person giving information *Margaret Walter* How related to deceased *Daughter*

CAUSES OF DEATH

**164**

PHYSICIAN  
OR CORONER

Primary *Apoplexy* How long *3 hrs*

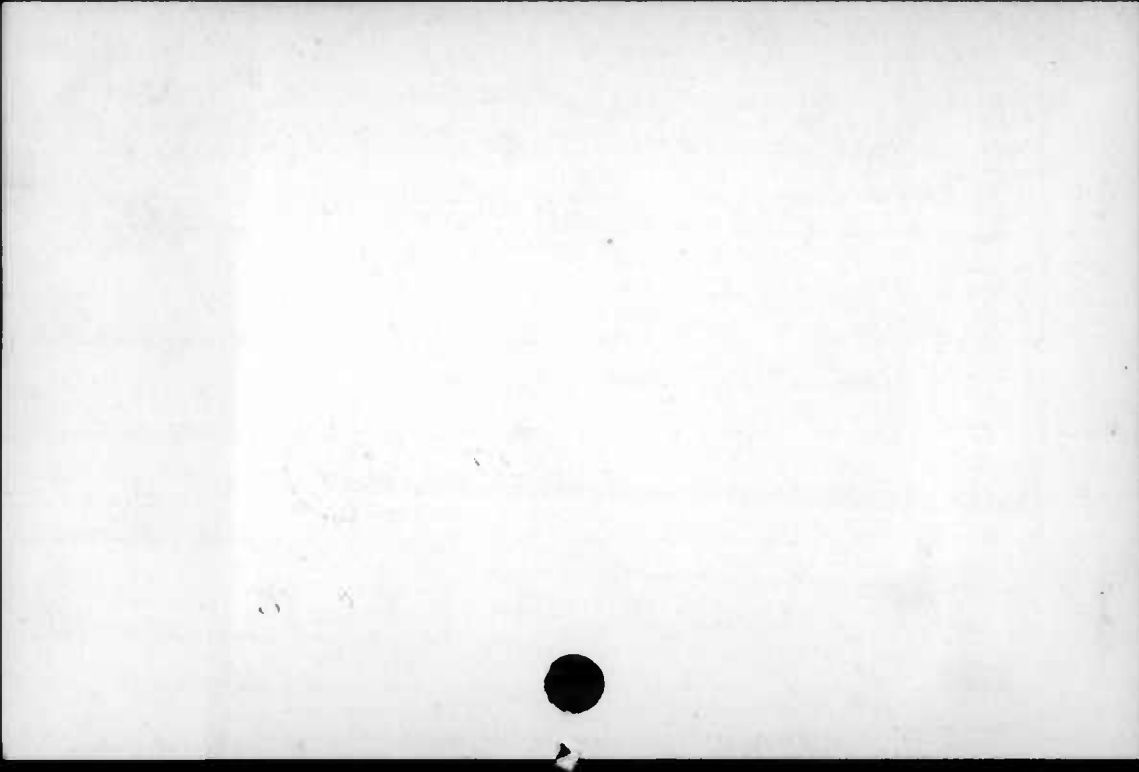
Immediate *Paralysis + Coma* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. B. Bishop M.D.*

Address *Northbrook McComick Co.*

Accident or Suicide? \_\_\_\_\_





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Infant of Mrs J Malone* Town *Solom* County *Micmic* MARYLAND

Died at *Solom* Month *Oct* Day *19* Age *14* Years *14* Months *14* Days

Date of death *1907*

Sex *Female* Color or Race *White* Birth place *Micmic*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Wm J Malone* Father's Birthplace *Micmic*

Mother's Maiden Name *Adell Higginson* Mother's Birthplace *" "*

Name of person giving information *Earl Malone* How related to deceased *Uncle*

CAUSES OF DEATH

**179**

PHYSICIAN  
OR CORONER

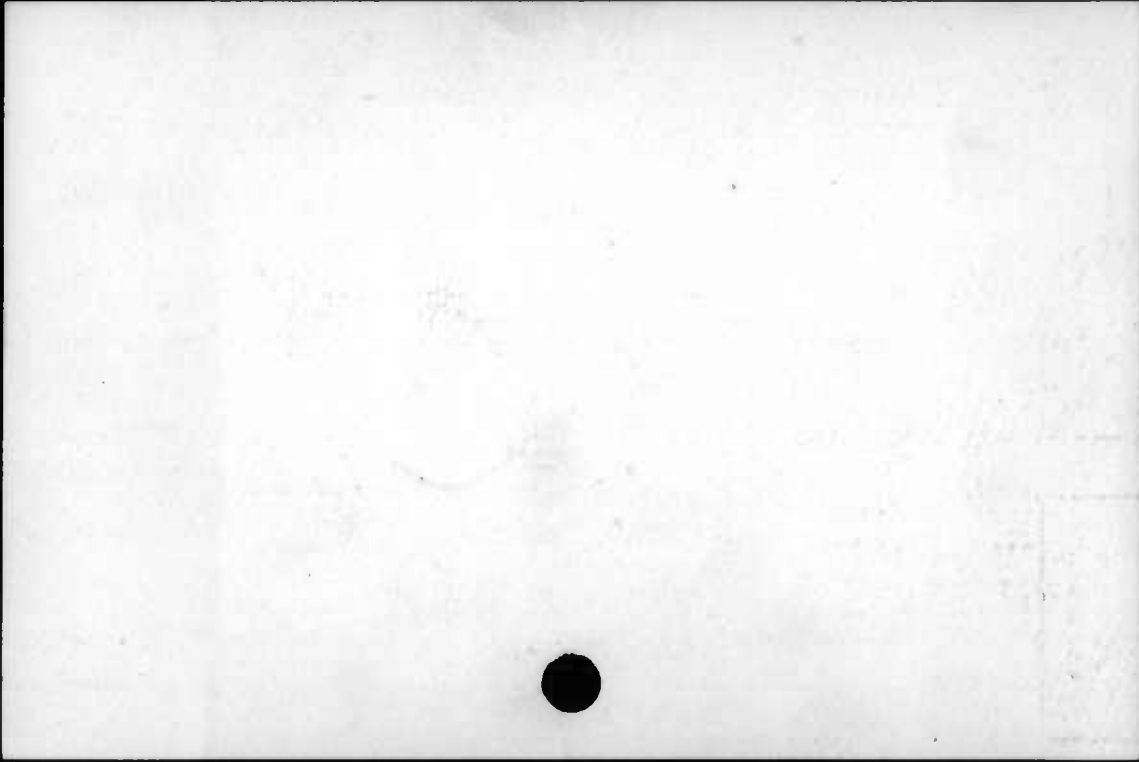
Primary *Undetermined* How long *4 days*

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. J. Long* Address *Altus, Mo*

Accident or Suicide? \_\_\_\_\_



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

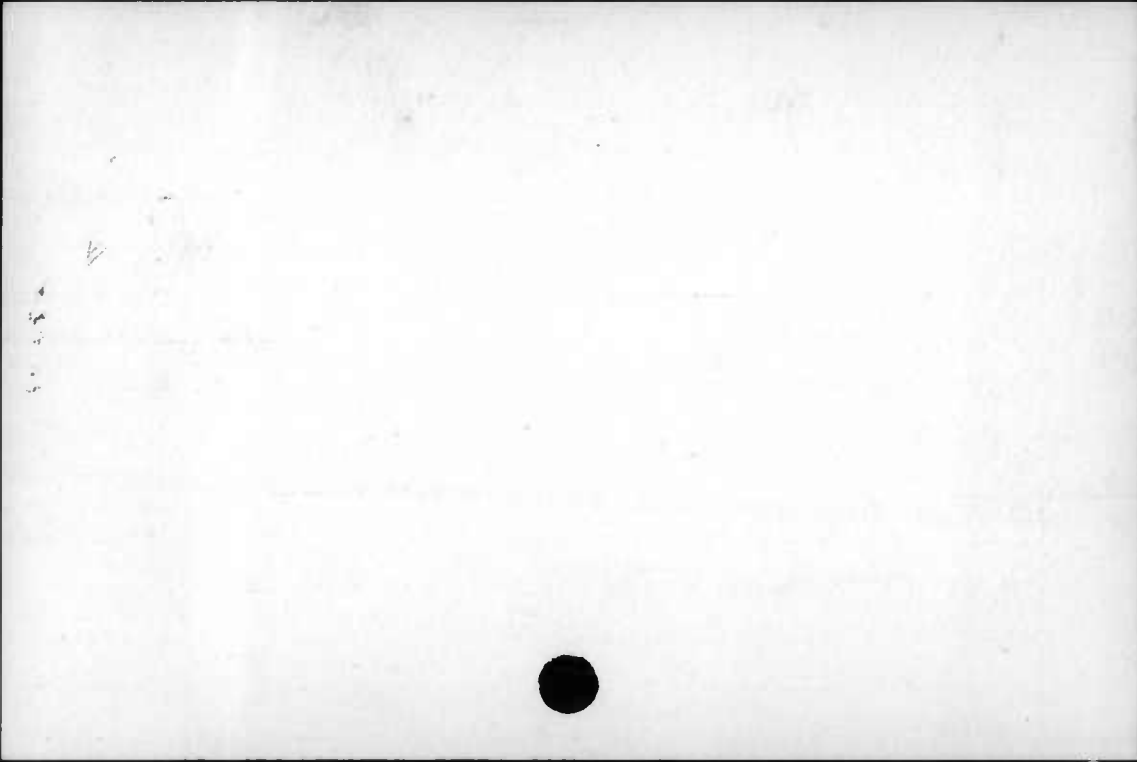
## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> *Salisbury P.G. Hospital* <sup>County</sup> *Wicomico*Date of death *1907* <sup>Month</sup> *Oct* <sup>Day</sup> *13<sup>th</sup>* <sup>Years</sup> *0* <sup>Months</sup> *0* <sup>Days</sup> *one*Sex *Male* Color or Race *colored* Birth-place *Salisbury Md.*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *not known*Father's Birthplace *not known*Mother's Maiden Name *Bertha Rock*Mother's Birthplace *Fruitland Md.*Name of person giving information *Perry Brewington*How related to deceased *none*

## CAUSES OF DEATH

**(151)**Primary *Premature birth*How long *8 minutes*Immediate *Asphyxia*How long *few minutes*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. S. Guder*Address *Salisbury Md.*Accident or Suicide? *no*



Name  
in  
Full

Annie Simmons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Siloam		County Wicomico		MARYLAND		
Date of death		1907	Month Oct.	Day 12 <sup>th</sup>	Age 40	Years	Months 0	Days 0
Sex Female		Color or Race White		Birth-place Wicomico Co. Md.				
Occupation Housekeeper				Where Residing if not at place of death				
Married, Single or Widowed Married		Name of Wife or Husband Charles Simmons						
Father's Name Marshall		Father's Birthplace Not known						
Mother's Maiden Name Lurany Townsend		Mother's Birthplace Wicomico Co. Md.						
Name of person giving information John W. Lawrence		How related to deceased None						

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Endocarditis	How long	Several months
Immediate	Died suddenly	How long	Two minutes
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Louis W. Morris MD	
Address		Salisbury Md	
Accident or Suicide?			

W. H. H. H.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

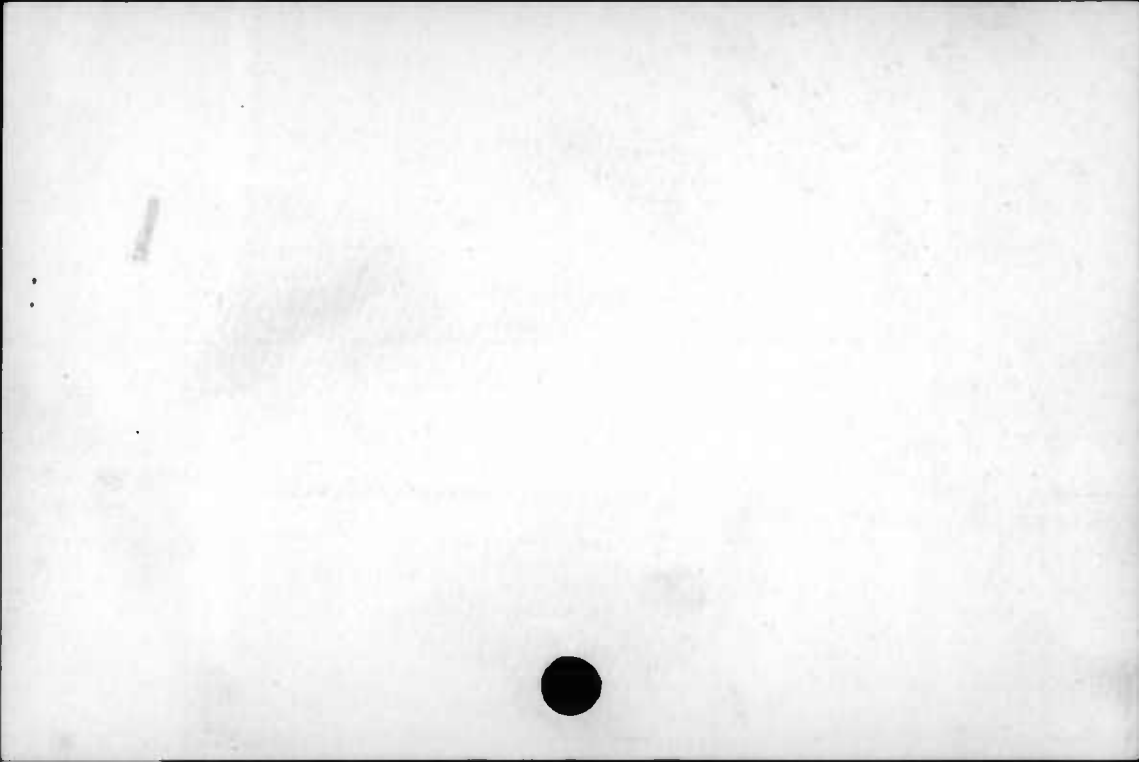
Name in Full <i>Jane Smullin</i>		County <i>Wicomico</i>		STATE <i>MARYLAND</i>	
Died at <i>Springland</i>		Date of death <i>1907 Oct 26</i>		Age <i>78</i> Years <i>78</i> Months <i>0</i> Days <i>0</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Don't know</i>		Father's Birthplace			
Mother's Maiden Name <i>do</i>		Mother's Birthplace			
Name of person giving information <i>A M Bowman</i>		How related to deceased <i>no relation</i>			

CAUSES OF DEATH

**42**

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma uterine</i>	How long <i>1 year</i>
Immediate <i>Septic exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signature of Physician <i>J. H. Clark</i>
	Address <i>Salisbury, Md</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

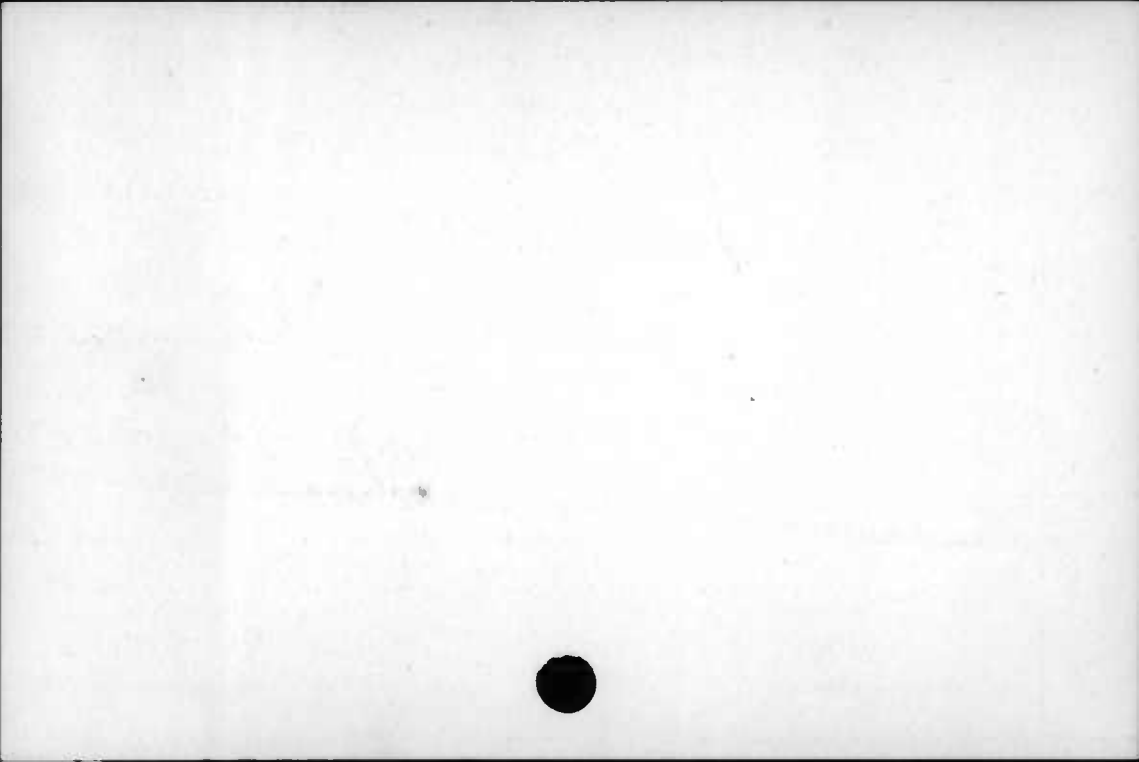
Died at <i>Salisbury</i> <small>Town</small>			<i>Wicomico</i> <small>County</small>			MARYLAND		
Date of death <i>1907</i>		<i>Oct.</i> <small>Month</small>	<i>18th</i> <small>Day</small>	Age <i>14</i> <small>Years</small>		<i>14</i> <small>Months</small>		<i></i> <small>Days</small>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>				
Occupation <i>None</i>				Where Residing if not at place of death <i>None</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>						
Father's Name <i>W. L. Taylor</i>				Father's Birthplace <i>Anantico Md.</i>				
Mother's Maiden Name <i>Julia E. Townsend</i>				Mother's Birthplace <i>Siloam</i>				
Name of person giving information <i>W. L. Taylor</i>				How related to deceased <i>Father</i>				

## CAUSES OF DEATH

1179

PHYSICIAN  
OR CORONER

Primary <i>Improper Nutrition &amp; Anaemia</i>	How long <i>1 yr</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Todd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

George Anna Truitt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

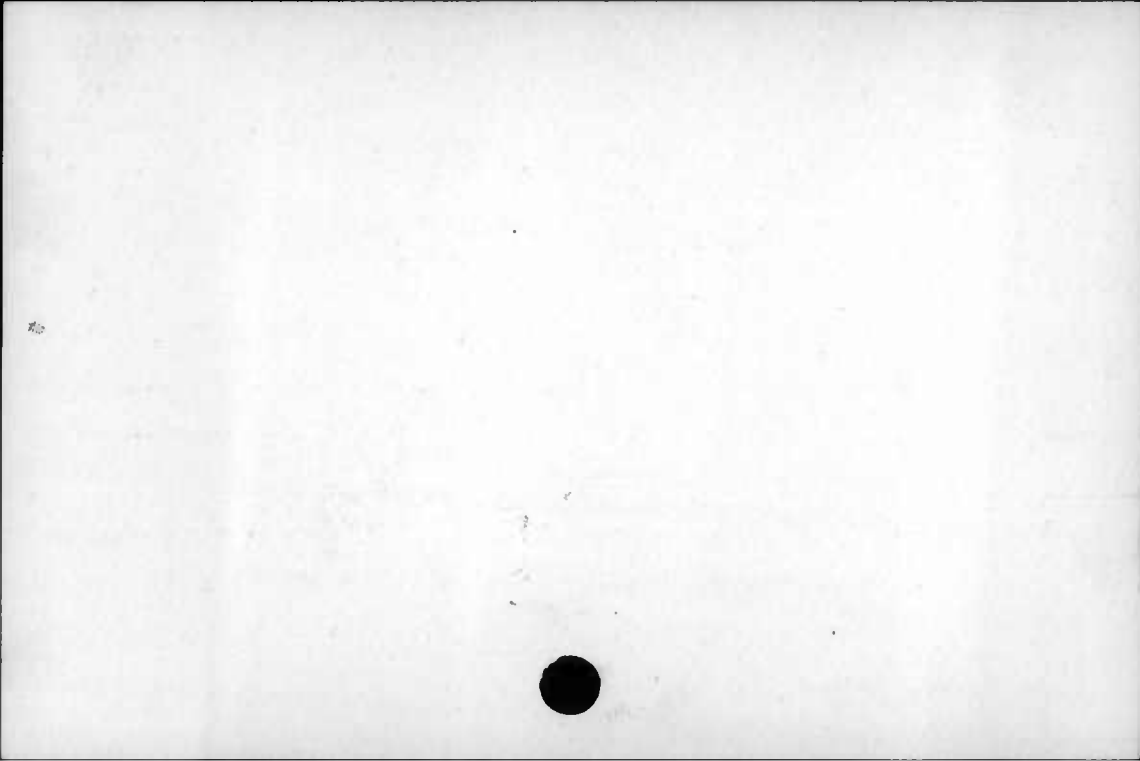
Died at		Salisbury <sup>Town</sup>		County		Wicomico		MARYLAND	
Date of death		1907	Month	Oct.	Day	26 <sup>th</sup>	Age	37	Years
Sex		Female		Color or Race		White		Birth-place	
Occupation		Trained Nurse		Where Residing if not at place of death		Pittsville Md.		Wicomico Co. Md.	
Married, Single or Widowed		Widow		Name of Wife or Husband		William S. Truitt			
Father's Name		Joseph T. Brittingham		Father's Birthplace		Wicomico Co. Md.			
Mother's Maiden Name		Rhoda Rounds		Mother's Birthplace		" "		" "	
Name of person giving information		M. L. Tilghman		How related to deceased		Brother in Law			

## CAUSES OF DEATH

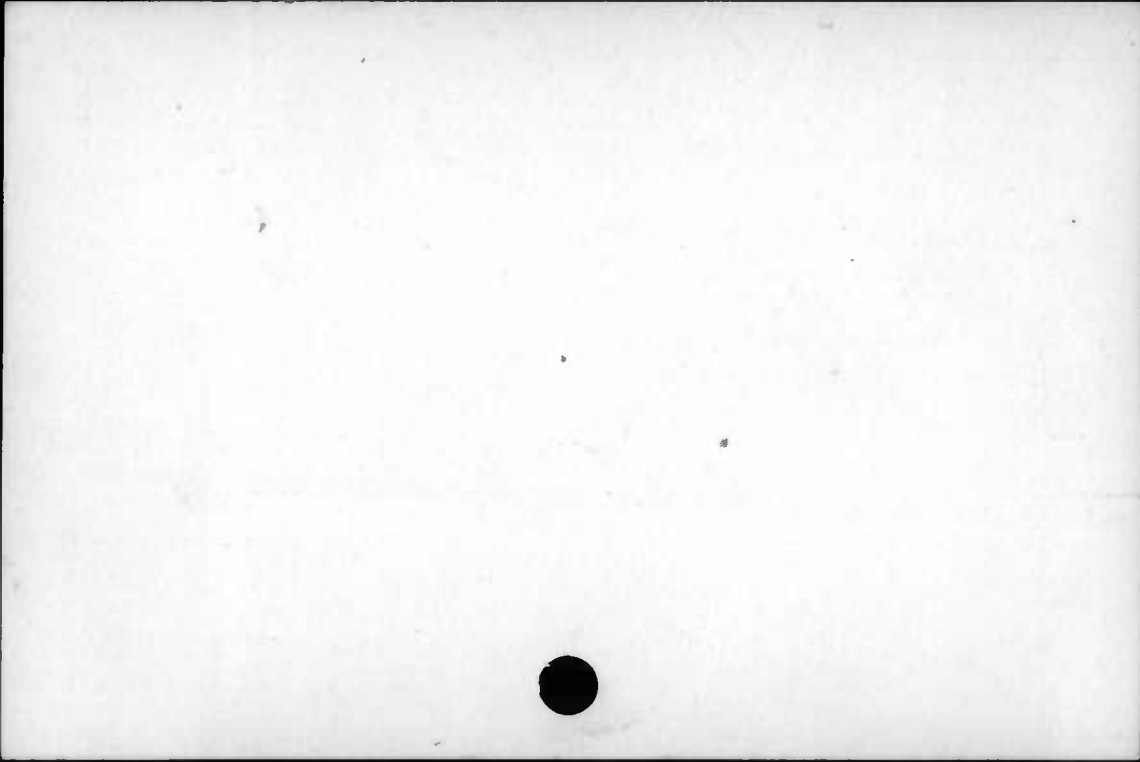
11

PHYSICIAN  
OR CORONER

Primary	Dysentery from	How long	4 weeks
Immediate	pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		McQuinn's	
Address		Salisbury Md	
Accident or Suicide?		no	







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *India Hainingtel* Town *White Horse* County *Picnic*

Died at *White Horse* *Picnic*

MARYLAND

Date of death 190 *7* Oct - *24* Day Age *39* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation *Home-wife* Where Residing if not at place of death *Home*

Married, Single or Widowed *Married* Name of Wife or Husband *Isabel Hainingtel*

Father's Name *Joseph Britchett* Father's Birthplace *"*

Mother's Maiden Name *Barah Britchett* Mother's Birthplace *"*

Name of person giving information *J. W. Hauright* How related to deceased *Husband*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *4 years*

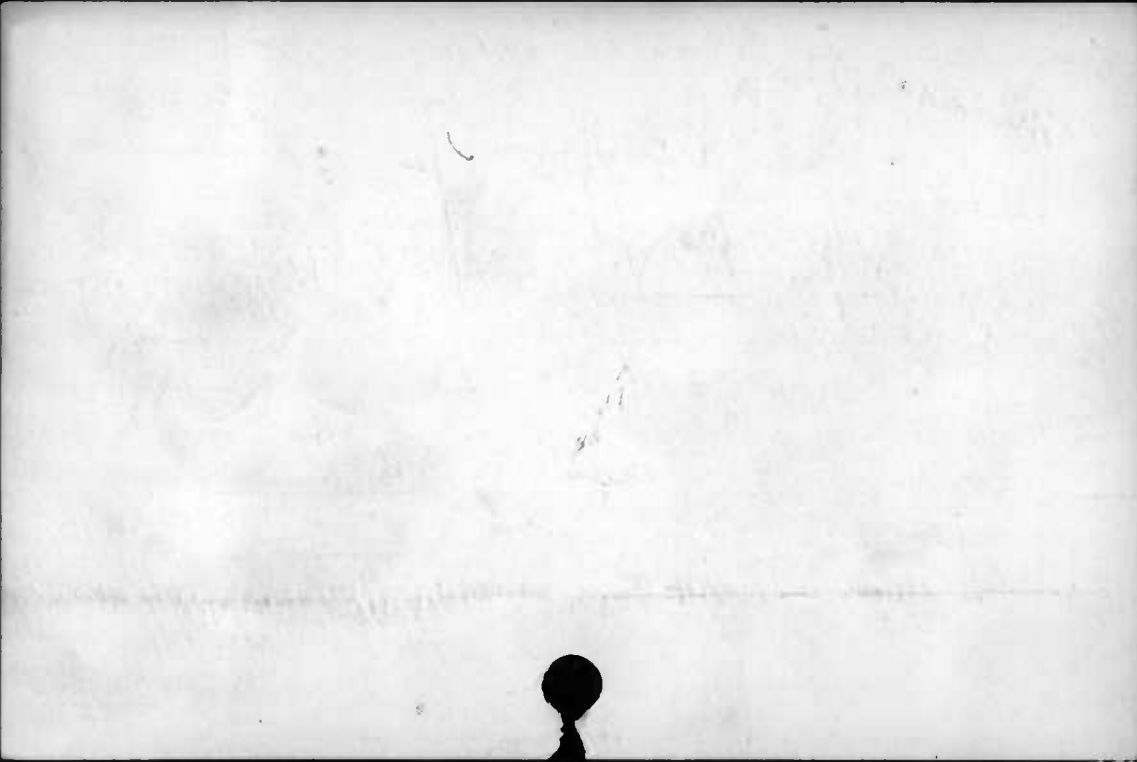
Immediate *Tuberculosis* How long *4 da.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. Bishop M.D.*

Address *Wilmington Del.*

Accident or Suicide?





Name  
in  
Full

William E. Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Allen</u> <sup>Town</sup>		<u>Wicomico</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	<u>Oct</u> <sup>Month</sup>	<u>4<sup>th</sup></u> <sup>Day</sup>	<u>62</u> <sup>Years</sup>	<u>    </u> <sup>Months</sup>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth place	<u>Wicomico Co. Md.</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Alexander P. Waller</u>			Father's Birthplace	
Mother's Maiden Name	<u>Mary E. Goslee</u>			Mother's Birthplace <u>"</u> <u>"</u> <u>"</u>	
Name of person giving information	<u>Jesse F. Waller</u>			How related to deceased <u>Brother</u>	

CAUSES OF DEATH

**64**

PHYSICIAN  
OR CORONER

Primary	<u>apoplexy</u>	How long	<u>2 wks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		Address	
Accident or Suicide?			
<u>No</u>		<u>J. J. Long</u> <u>Allen Md</u>	

